

STATE OF MAINE
BIOGRAPHICAL AFFIDAVIT FORM
(Print or Type)

Full Name and Address of Company (Do Not Use Group Names). _____

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

Affiant's Full Name (Initials Not acceptable). _____

a. Have you ever had your name changed? _____ If yes, give the reason for the change. _____

b. Other names used at any time. _____

Affiant's Social Security Number. _____

Date and Place of Birth. _____

Affiant's business address. _____

Business telephone. _____

List your residences for the last ten (10) years starting with your current address giving:

DATE

ADDRESS

CITY and STATE

Education: dates, names, locations and degrees.

College. _____

Graduate Studies. _____

Others. _____

List of memberships in professional societies and associations. _____

Present or proposed position with the applicant company. _____

List complete employment record (up to and including present jobs, positions, directorates or officerships for the past twenty (20) years), giving:

DATE	EMPLOYER and ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Present employer may be contacted Yes No (Circle One)

Former employers may be contacted Yes No (Circle One)

a. Have you ever been in a position which required a fidelity bond? _____ If any claims were made on the bond, give details.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond concealed or revoked? If yes, give details.

List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination).

During the last ten (10) years, have you ever been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? If yes, give details.

List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power).

If any of the stock is pledged or hypothecated in any way, give details. _____

Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? If any of the shares or stock are pledged or hypothecated in any way, give details.

Have you ever been adjudged a bankrupt? _____

a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction or pleaded guilty or nolo contendere to an information or indictment, charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been a subject of any disciplinary proceedings of any federal or state regulatory agency?_____ If yes, give details.

b. Has any company been so charged, allegedly as a result of any action or conduct on your part? _____ If yes, give details.

Have you ever been an officer, director trustee, investment committee member, key employee or controlling stockholder of any insurer which, while you occupied such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship?

Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____ If yes, give details.

Dated and signed this _____ day of _____ at _____.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me that above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20____

(Notary Public)

My Commission Expires _____.